DOCUMENT RESUME

ED 069 799 TM 002 287

AUTHOR Meyers, Joel
TITLE Mental Health Consultation & Reinforcement Principles in Teacher Consultation.
PUB DATE [71]
NOTE 13p.

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS *Behavior Change; Behavior Problems; Case Studies; Class Management; Conflict Resolution; *Counseling Services; Power Structure; *Reinforcement; *Teacher Attitudes

ABSTRACT

This paper dealt with the importance of using both behavior modification and consultation principles in work done with teachers. A case study was presented in which a teacher effectively implemented a behavior modification program to control the disruptive behavior of one child. However, this did not generalize to the total classroom which was still out of control. Subsequently, consultations regarding the teacher's conflicts over being an authority figure were followed by a more controlled classroom atmosphere. (Author)

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

ED 069799

TM 002 082

MENTAL HEALTH CONSULTATION & REINFORCEMENT PRINCIPLES IN TEACHER CONSULTATION

Joel Meyers
Temple University

Paper presented at the A.P.A. Annual Convention, 1972, Honolulu.

Recent concern with the impact of school psychological services has led to frequent criticisms of traditional clinical role models for the school psychologist (Meyers, in press). Concurrently, there has been an influx of professional literature demonstrating the effectiveness of reinforcement principles in modifying student behavior. In this connection, it has frequently been noted that teacher attention to desired behavior in conjunction with ignoring undesired behavior consistently produces changes in operant crying (Hart, Allen, Buell, Harris, & Wolfe, 1964), attending behavior (Allen, Henke, Harris, Baer, & Reynolds, 1967), study behavior (Hall, Lund & Jackson, 1968), and disruptive behavior (Thomas, Becker & Armstrong, 1968). Perhaps more importantly for the school psychologist, it has been demonstrated in some studies that consultation with teachers regarding behavioral principles can help to produce increased control of classroom behavior (Hall, Lund & Jackson, 1968; Hall, Panyon, Rabon, & Broden, 1968; Hall, Cristler, Cranston, & Tucker, 1970; Hall, Fox, Willard, Goldsmith, Emerson, Owen, Davis, & Porcia, 1971).

It has been pointed out elsewhere that the attention to reinforcement principles represents only one potential content for teacher consultation (Meyers, in press). However, while research on reinforcement techniques has had the positive effect of focusing attention to the change of observable classroom behavior, the necessarily narrow scope of this research may cause some practitioners to neglect

FILMED FROM BEST AVAILABLE COPY

This paper dealt with the importance of using both behavior modification and consultation principles in work done with teachers. A case study was presented in which a teacher effectively implemented a behavior modification program to control the disruptive behavior of one child. However, this did not generalize to the total classroom which was still out of control. Subsequently, consultations regarding the teacher's conflicts over being an authority figure were followed by a more controlled classroom atmosphere.

important areas for consultation. For example, rigid attempts to manipulate reinforcement contingencies (e.g., teacher attention or token economies) might ignore other potentially productive content such as the instructional program (Valett, 1968) or the teacher's affective concerns (Caplan, 1970). Furthermore, the behavior modification literature has generally ignored the process of consultation (i.e., the technology of forgetting recommendations accepted), and it has been noted elsewhere that this may be important for the successful implementation of any type of program with which the teacher is involved (Meyers, in press).

The purpose of this paper is two-fold. First it will attempt to demonstrate the potential importance of broadening the scope of consultation to include other contents in addition to reinforcement principles. Specifically, the case study presented in this paper supports Caplan's (1971) notion that it may be important for a mental health professional to attend to a teacher's affective concerns if they interfere with her professional work. This case study illustrates both how a behavioristically oriented consultant might overlook the importance of these concerns, and it provides some empirical support for the value of attending to the teacher's affect. The second purpose of this paper is to describe some specific process techniques which were used to convince a teacher to implement a behavior modification program. Therefore, first a traditional behavior modification case study with one child is reported, and second, the effects of the teacher's affective concerns on the behavior of the children in her classroom are examined.

Behavior Modification Program

As one part of an experimental consultation program in Temple University's school psychology department, contact was established with the principal of an elementary school in a black ghetto area of Philadelphia. Since the active involvement of the teacher is so important in teacher consultation, a mechanism was established whereby teacher's could request help with classroom management. A first year teacher of a third grade classroom with 25 students requested help, and this classroom is the setting in which the work reported in this paper was completed. Continuous student disruption, and a lack of teacher control evidenced by frequent yelling characterized this classroom.

After several short conferences between the teacher and the school psychologist, it was agreed that initially one girl ($\underline{S}^1$) would be the focus of remedial efforts. This girl often left her seat, called out, talked to others, paid little attention to her work, and constantly followed the teacher around. One important part of the interpretation of this behavior was that $\underline{S}^1$ appeared to be seeking attention.

Even though the entire class was actually perceived as a problem, principles relevant to the process of consultation led to the decision to work with this one girl. First, since she appeared to be an attention seeker, it was expected that a behavior modification program with a high probability of success could be easily devised in which attention was employed as the reinforcement. The plan was that if the teacher's first attempts were successful, then she would be more likely to accept and utilize these techniques in the future. Finally, it was felt that for a teacher who was naive about reinforce-

ment principles and who was overwhelmed by a disruptive classroom, it would be easiest to learn to implement the principles if uncomplicated procedures with only one child were used.

For the first few weeks $\underline{S}^1$ was observed for several 10 minute intervals in order to establish a baseline for the percentage of time she exhibited disruptive behavior. A comparison between baseline data and the later treatment data would be used to help determine the effectiveness of treatment. Disruptive behavior was defined as any out of seat behavior or any talking behavior which was not part of the class assignment.

Figure I represents the percentage of $\underline{S}^1$'s disruptive behavior during the baseline period. She fluctuated between 20% and 36% disruptive behavior with an average of 29%.

After the baseline data were gathered, consultations between the teacher and psychologist produced a treatment plan in which the teacher would systematically reinforce $\underline{S}^1$'s appropriate behaviors with positive attention, while she would either ignore or discipline in a relatively non-emotional manner, any disruptive behavior. As indicated above, positive attention was chosen since $\underline{S}^1$ was characterized as an attention seeker. Non-emotional discipline was stressed because $\underline{S}^1$'s behaviors were so irritating to the teacher that she easily lost control of herself and it appeared that this might have been reinforcing the disruptive behavior.

In order to understand the consultation process that went on in this case it is important to understand the manner in which recommendations were presented, and more importantly, the manner in which treatment plans were devised. First, the psychologist entered the relationship with this teacher because of his special skills related

to reinforcement principles and classroom management which the teacher recognized as important. However, at the same time, the teacher was perceived as having special knowledge about the children in her room, and also special skills with specific techniques which would be most likely to work in her room. In other words, the consultant approached this relationship as one between colleagues in which each party had different unique skills. One specific way in which this sort of atmosphere was achieved was that recommendations were presented largely as general suggestions to which the teacher was first asked to give her honest reactions. After her reactions were obtained, and it was determined whether the general suggestions were viable, the consultant and the teacher worked together to determine the best specific ways to implement the suggested ideas. This approach had the advantage of keeping the teacher actively involved in the entire treatment process, and it was designed to help her feel more responsible for the outcome of the program.

In addition to the conferences, two important procedures were used to help the teacher implement this program. First, during the early stages of treatment, the consultant signalled the teacher at moments where it was appropriate to reinforce the child. This was used to help sensitize the teacher to the positive rather than the negative behaviors exhibited by this child. Second, after each observation the consultant left brief notes to the teacher describing instances where she had successfully implemented the reinforcement program, and also describing incidents where she had not adequately implemented the reinforcement program. Although this technique is not as complete a feedback as would be obtained through techniques such as video-tape, it is practical in that it does not cost money.

It was also valuable because the format of notes takes a minimum of the teacher's already overburdened time. The teacher reported that she particularly appreciated receiving this kind of feedback on her teaching.

The second portion of Figure I represents $\underline{S}^1$'s disruptive behavior after the treatment was implemented and it reveals that there was a clear decline in disruptive behavior. In order to demonstrate that teacher attention was controlling $\underline{S}^1$'s behavior, the teacher discontinued reinforcement procedures and Figure I reveals that disruptive behavior increased at this time. Subsequently, the teacher was asked to reinstate the reinforcement contingencies and this procedure began to regain control of her behavior (Figure I). Thus, it appeared that teacher attention was an important variable in controlling this child's behavior.

Even though there had been some success manipulating one child's behavior, the classroom still had a high level of disruption. There had been no generalization of effects. The importance of this point became all too clear when, toward the end of the program, the "team leader" for third grade teachers complained that the consultant had not helped the overall classroom situation. In reconceptualizing the procedures used it became apparent to the consultant that attention to reinforcement principles had, in this instance, blinded the consultant to an important variable operating in this classroom. This variable was the teacher's concerns about authority.

Therefore, during a later conference, when the teacher said about changing something in her teaching, "The children would never let me get away with that.", the consultant focused the teacher's attention to her feelings about authority. The teacher began to

realize that at that time she did not feel that she was the authority in her class and that this was interfering with her ability to teach these youngsters. Two additional discussions followed revolving around her concerns about authority, and they took place just after reinforcement was reinstated for $\underline{S}^1$. Therefore, the data relevant to $\underline{S}^1$ provided no objective information about the success of this second form of treatment since it is confounded with the original reinforcement program.

Data had been gathered for another child ($\underline{S}^2$) who received no individual treatments as a result of this program. Figure II reveals that during $\underline{S}^1$'s baseline, treatment and reversal periods, $\underline{S}^2$'s behavior remained constantly disruptive. However, Figure II also shows that after the discussions regarding authority (reinstatement of reinforcement) $\underline{S}^2$'s disruptive behavior showed a clear decrease. Anecdotally, this dramatic decrease in disruptive behavior was also characteristic of the class as a whole.

Discussion

One important observation in this case study was that a consultant with a behavioristic bias was initially unable to conceptualize the teacher's affective concerns as an important aspect of the behavior problems manifest in the classroom. Specifically, by concentrating his efforts on manipulating teacher attention as a reinforcer for appropriate behavior of one child in the classroom, the consultant was unable to realize the importance of this teacher's authority conflicts as they affected her ability to manage the total classroom. It is probable that if the consultant had been sensitive to this problem earlier, the positive gains which were finally achieved

toward the end of the semester might have been achieved sooner. Moreover, once the teacher's affective problem had less of an impact on her teaching, the consultant may have then become more effective in communicating the principles of reinforcement theory. Therefore, this one case is interpreted as adding support to the notion that consultants in the schools should be sensitive to the potential utility of consulting with teachers regarding a range of contents. Specifically, consultants with a behavioristic orientation should consider contents in addition to those traditionally cited in the behavior modification literature. In other words, the affective state of the teacher or the instructional program may be just as important as traditional reinforcement contingencies such as teacher attention or token economies.

A second important characteristic of consultation emphasized in this case study was the process of consultation. Some specific techniques were described which were used so that the teacher would effectively implement the consultant's suggestions. Five basic principles underlie these techniques, and some of these have been discussed elsewhere (Meyers, in press): (1) In this highly disruptive classroom, the consultant always attempted to begin working with the least complex problem. It was hoped that a high probability of initial success would increase the likelihood that the teacher would value the techniques and continue to implement them. (2) The consultant attempted to communicate that the teacher was free to accept or reject any of the consultant's suggestions. (3) The consultant de-emphasized his contribution to eventual treatment plans by emphasizing the teacher's role in developing these plans. (4) The consultant approached the relationship with the teacher as that of an

interchange between colleagues, each possessing special skills. (5) The consultant's techniques were also oriented towards establishing that both the teacher and the consultant had joint responsibility for the outcome of any treatment program.

In summary, it is felt that the problem contents which consultants choose to work with and the process through which teachers and consultants work together to help children are both very important for changing behavior in the classroom. Previously, both of these factors have been largely ignored in the behavior modification literature, and it is hoped that in the future psychologists will begin to pay more attention to these variables both in research and practice.

References

Allen, K. E., Henke, L. B., Harris, F. R., Baer, D. M., & Reynolds, N. J. Control of hyperactivity by social reinforcement of attending behavior. Journal of Educational Psychology, 1967, 58, 231-237.

Caplan, G. The theory and practice of mental health consultation. New York: Basic Books, 1970.

Hall, R. V., Cristler, C., Cranston, S., & Tucker, B. Teachers and parents as researchers using multiple-baseline designs. Journal of Applied Behavior Analysis, 1970, 3, 247-255.

Hall, R. V., Fox, R., Willard, D., Goldsmith, L., Emerson, M., Owen, M., Davis, F., & Porcia, E. The teacher as observer and experimenter in the modification of disputing and talking-out behaviors. Journal of Applied Behavior Analysis, 1971, 4, 141-149.

Hall, R. V., Lund, D. & Jackson, D. Effects of teacher attention on study behavior. Journal of Applied Behavior Analysis, 1968, 1, 1-12.

Hall, R. V., Panyon, M., Rabon, D., & Broden, M. The use of systematic reinforcement by beginning teachers to achieve better classroom control. Journal of Applied Behavior Analysis, 1968, 1, 315-322.

Hart, B. M., Allen, K. E., Buell, J. S., Harris, F., & Wolfe, M. M. Effects of social reinforcement on operant crying. Journal of Experimental Child Psychology, 1964, 1, 145-153.

Meyers, J. A consultation model for school psychological services. Journal of School Psychology, in press.

Thomas, D. R., Becker, W. C. & Armstrong, M. Production and elimination of disruptive classroom behavior by systematically varying teacher's behavior. Journal of Applied Behavior Analysis, 1968, 1, 35-45.

Valett, R. E. The evaluation of basic learning abilities. Journal of School Psychology, 1968, 6, 227-236.

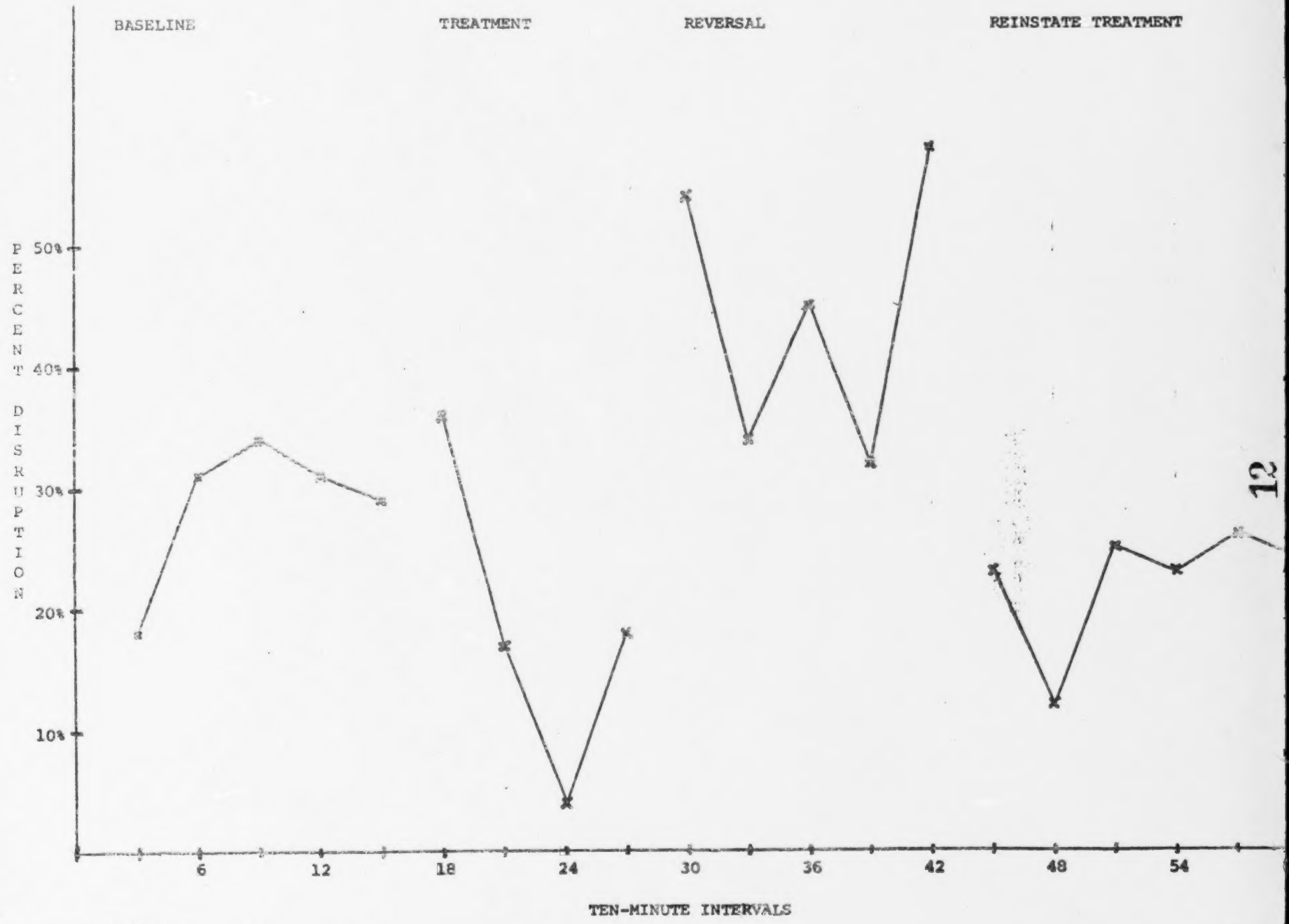
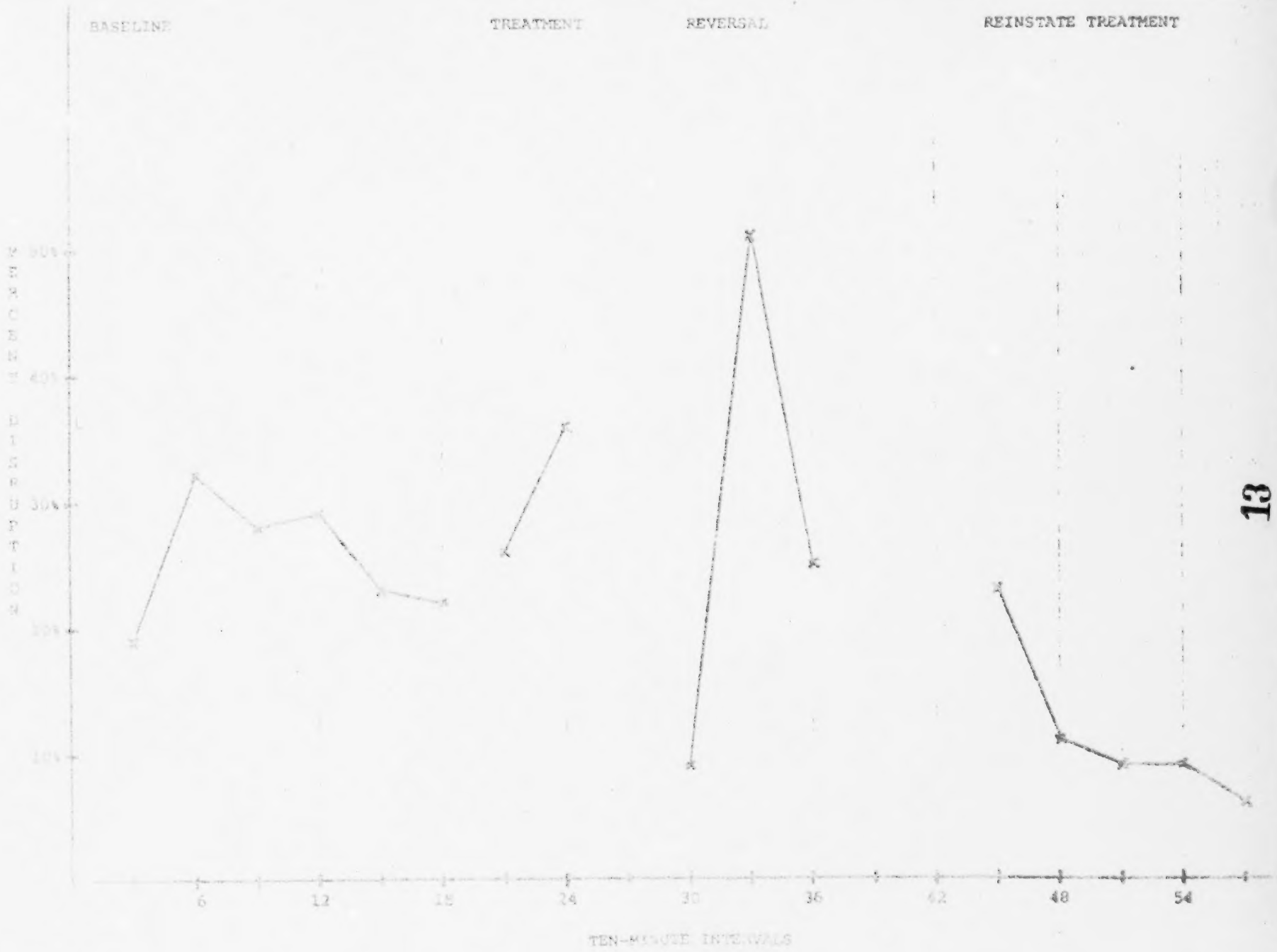

BASELINE
TREATMENT
REVERSAL
REINSTATE TREATMENT
PERCENT DISRUPTION
50%
40%
30%
20%
10%
6
12
18
24
30
36
42
48
54
TEN-MINUTE INTERVALS

FIGURE I.


BASELINE
TREATMENT
REVERSAL
REINSTATE TREATMENT
MEAN % DISRUPTION
50%
40%
30%
20%
10%
6
12
18
24
30
36
42
48
54
TEN-MINUTE INTERVALS

13